PTO/SB/22 (08-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2008** *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number: S32-US1

Application Number	10/789,695	Filed	February 27, 2004

For   SELECTIVE REFLECTING

Art Unit 2862	Examiner C. E. Mahoney

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
[x]	One month (37 CFR 1.17(a)(1))	$120	$60	$ 120.00
[ ]	Two months (37 CFR 1.17(a)(2))	$460	$230	$
[ ]	Three months (37 CFR 1.17(a)(3))	$1050	$525	$
[ ]	Four months (37 CFR 1.17(a)(4))	$1640	$820	$
[ ]	Five months (37 CFR 1.17(a)(5))	$2230	$1115	$

[ ] Applicant claims small entity status. See 37 CFR 1.27.

[ ] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[x] The Director has already been authorized to charge fees in this application to a Deposit Account.

[x] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____50-4282_____ .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

[ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[x] attorney or agent of record. Registration Number _____31,056_____

[ ] attorney or agent under 37 CFR 1.34.
    Registration number if acting under 37 CFR 1.34 _____

_____   _____September 29, 2008_____
Signature   Date

Clayton L. Satow   _____(508) 766-6498_____
Typed or printed name   Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] Total of _____1_____ forms are submitted.